

SEP 27 2006

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 790.00

Complete if Known

Application Number	10/712,512
Filing Date	11/13/2003
First Named Inventor	HOLUB, Pavel
Examiner Name	SANDERS, Kriellion A.
Art Unit	1714
Attorney Docket No.	80045.US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3294 Deposit Account Name: Lisa Kimes Jones

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
- 20 or HP = _____ x 50 = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
- 3 or HP = _____ x 200 = _____		
HP = highest number of independent claims paid for, if greater than 3.		
Extra Claims		
Fee (\$)	Fee Paid (\$)	
Multiple Dependent Claims		
Fee (\$)	Fee Paid (\$)	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	0	_____ / 50 = _____ (round up to a whole number) x _____ = _____		0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE

Fees Paid (\$)

790.00

SUBMITTED BY

Signature	Registration No. (Attorney/Agent) 41,878	Telephone (832) 366-2571
Name (Print/Type) Lisa Kimes Jones		Date 9-27-2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

SEP 27 2006

HEXION™
Specialty Chemicals

Hexion Specialty Chemicals, Inc.

1600 Smith Street, 24th Floor
Houston, TX 77002
www.hexionc.com

TOTAL PAGES - 10 -

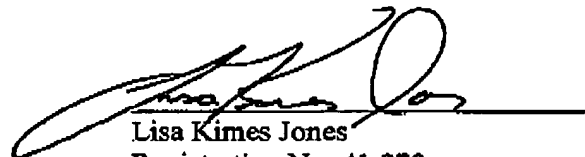
DATE: September 27, 2006

TO:	Examiner Kriellion A. SANDERS	FROM:	Lisa Kimes Jones
PHONE:	(571) 272-1122	PHONE:	(832) 366-2571
FAX:	(571) 273-8300	FAX:	(281) 205-2755

RE: USSN: 10/712,512
Filing Date: 11/13/2003
Attorney Docket: 80045.US

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, consisting of a Response to a Final Office Action mailed April 19, 2006, a Request for Continued Examination (RCE), a Request for a 3-month extension of time in duplicate, and a fee transmittal in duplicate are being facsimile transmitted to the United States Patent and Trademark Office, facsimile number (571) 273-8300 on Wednesday, September 27, 2006.


Lisa Kimes Jones
Registration No. 41,878FACSIMILE TRANSMISSION

This facsimile may contain CONFIDENTIAL INFORMATION which also may be LEGALLY PRIVILEGED and which is intended only for the use of the Addressee(s) named below. If you are not the intended recipient of this facsimile, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile may be strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via United States Postal Service. Thank you.
